|   | PATE  | PATENT APPLICATION FEE DETERMINATION RECORD                       |                     |   |                     |                  |            |  |                        | Application or Docket Number |                     |                        |  |
|---|---|---|---------------------|---|---------------------|------------------|------------|--|------------------------|------------------------------|---------------------|------------------------|--|
| -   | CLAIMS AS FILED - PART I  |   |                     |   |                     |                  |            | 10/539658  |                        |                              |                     |                        |  |
|   | , e 4 + <del></del>   | CLAIMS  | AS FILED (Colum     |   | (Column 2)          |                  |            | SMALL EN   | my /                   | OTHER TH                     |                     |                        |  |
| Į.  | S. NATIONAL   |   |                     |   |                     | 1                | RATE       | FEE  | 7                      | RATE                         | FEE                 |                        |  |
| BASIC FEE   |   |   | SMALL ENT. = \$ 150 |   | LARGE ENT. = \$ 300 |                  | 1          | BASIC FEE  |                        | OR                           | BASIC FEE           | -                      |  |
| Ð   | CAMINATION F  | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100               |                     | All other situations =<br>\$ 100 / \$ 200 |                     |                  | EXAM FEE   | <del>                                     </del> | 1                      | EXAM FEE                     | 300                 |                        |  |
| SE  | ARCH FEE  | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$ 200/\$400 |                     | All other situations = \$ 250 / \$ 500    |                     |                  | SEARCH FEE |  | 1                      | SEARCH FEE                   | 400                 |                        |  |
| FE  | E FOR EXTRA   | minus 100 =   |                     | /50 =                                     |                     |                  | X \$ 125 = |  | 1                      | X \$ 250 =                   | 1700                |                        |  |
| TC  | TAL CHARGEA   | 24 minus 20 =   |                     | . 4                                       |                     |                  | X\$25=     |  | OR                     | X \$ 50 =                    | 200                 |                        |  |
| INDEPENDENT CLAIMS  |   |   | ◯ minus 3 =         |   | •                   |                  |            | X\$100 =   |                        | OR                           | X \$ 200 =          | 000                    |  |
| MI  | JLTIPLE DEPEN   | ESENT   | · · · · ·           |   |                     |                  | +\$ 180 =  |  | OR                     | + \$ 360 =                   |                     |                        |  |
| •   | * If the difference in column 1 is less than zero, enter "0" in column 2      |   |                     |   |                     |                  |            | TOTAL  |                        | OR                           | TOTAL               | 1100                   |  |
| L   | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |   |                     |   |                     |                  |            | SMALL E  | NTITY                  | OR                           | OTHER<br>SMALL I    |                        |  |
| AMENDMENT A   |   | REMAINING<br>AFTER<br>AMENOMENT                                   |                     | NUM<br>PREVIO<br>PAID                     | BER<br>BUSLY        | PRESENT<br>EXTRA |            | RATE   | ADDI-<br>TIONAL<br>FEE |                              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | 1.24  | Minus               | ••  |                     | 1                |            | X \$ 25 =  |                        | OR                           | X \$ 50 = `         | 300                    |  |
|   |   | · /   | Minus               | •••                                       |                     | - /              |            | X \$ 100 =                                       |                        | OR                           | X \$ 200 =          |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |   |                     |   |                     |                  |            | + \$.180 =                                       |                        | OR                           | + \$ 360 =          |                        |  |
|   |   |   |                     |   |                     |                  |            |  |                        | OR                           | TOTAL ADDIT         | 107)                   |  |
| L   |   |   |                     |   |                     |                  | •          |  |                        |                              |                     |                        |  |
| ENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |                     | HIGHE<br>NUMB<br>PREVIO<br>PAID F         | ER<br>USLY          | PRESENT<br>EXTRA |            | RATE   | ADDI-<br>TIONAL<br>FEE |                              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT   | Total   | •   | Minus .             | ••  |                     | =                |            | X \$ 25 =  |                        | OR                           | X \$ 50 =           |                        |  |
| AME   | Independent   | •   | Minus               | ***                                       |                     | 3                | T          | X \$ 100 =                                       |                        | OR                           | X \$ 200 =          |                        |  |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |   |                     |   |                     |                  |            | + \$ 180 =                                       |                        | OR                           | + \$ 360 =          |                        |  |
|   |   |   |                     |   |                     |                  |            |  |                        | OR.                          | TOTAL ADDIT.<br>FEE |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "I" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "2", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                     |   |                     |                  |            |  |                        |                              |                     |                        |  |